



Presented by  
the American Society for Surgery of the Hand



# Comprehensive Review in Hand Surgery

July 14 – 16, 2006  
Hotel InterContinental  
Chicago, Illinois

Program Chair:  
**Nicholas B. Vedder, MD**

Co-Chair:  
**Alexander Y. Shin, MD**

# Overview:

The ASSH Comprehensive Review Course in Hand Surgery is designed as an advanced review course and update for practicing hand surgeons. The course will review the topical concepts of anatomy, biomechanics and pathology as well as diagnostic and treatment methods relating to hand surgery. The faculty members are recognized experts in hand surgery and have been selected for their knowledge, expertise and contributions relating to the subject matter they present.

## Objectives

Upon completion of this course, the participant will be able to:

- Discuss the topic concepts of anatomy, biomechanics and pathology relating to surgery of the hand.
- Prescribe and use generally accepted diagnostic techniques required to evaluate various disease preventions.
- Describe treatment alternatives for acquired, traumatic, inflammatory, congenital and neoplastic disorders of the hand.

## Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Elements by the Accreditation Council for Continuing Medical Education (ACCME) and by the American Society for Surgery of the Hand (ASSH). The ASSH is accredited by the ACCME to provide continuing medical education for physicians.

## CME Credit Hours

The ASSH designates this educational activity for a maximum of 26.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

# Faculty

**Kodi K. Azari, MD**

Pittsburgh, PA

**Scott H. Kozin, MD**

Philadelphia, PA

**Michael S. Bednar, MD**

Maywood, IL

**W. P. Andrew Lee, MD**

Pittsburgh, PA

**Prosper Benhaim, MD**

Los Angeles, CA

**Steven L. Moran, MD**

Rochester, MN

**Martin I. Boyer, MD**

St. Louis, MO

**Kevin D. Plancher, MD**

New York, NY

**Jeffrey E. Budoff, MD**

Houston, TX

**Alexander Y. Shin, MD**

Rochester, MN

**James Chang, MD**

Palo Alto, CA

**Matthew M. Tomaino, MD**

Rochester, NY

**Harris Gellman, MD**

Coral Springs, FL

**Thomas E. Trumble, MD**

Seattle, WA

**Robert J. Goitz, MD**

Pittsburgh, PA

**Ann E. Van Heest, MD**

Minneapolis, MN

**Douglas P. Hanel, MD**

Seattle, WA

**Nicholas B. Vedder, MD**

Seattle, WA

**Michael R. Hausman, MD**

New York, NY

**Bradon J. Wilhelmi, MD**

Springfield, IL



## ■ Program Friday, July 14, 2006

6:30 am – 7:15 am	<b>Breakfast</b>
6:45 am – 6:00 pm	<b>Registration</b>
7:15 am – 12:15 pm	<b>SESSION I</b> Moderator: Martin I. Boyer, MD
7:15 am – 7:20 am	<b>Introduction</b> Nicholas B. Vedder, MD
7:20 am – 7:55 am	<b>Anatomy: Variations and Eponyms</b> Steven L. Moran, MD
7:55 am – 8:20 am	<b>Imaging Techniques of Hand and Wrist</b> Martin I. Boyer, MD
8:20 am – 8:45 am	<b>Tendonitis and Elbow Arthroscopy</b> Kevin D. Plancher, MD
8:45 am – 9:30 am	<b>Fractures of Phalanges and Metacarpals</b> Steven L. Moran, MD
9:30 am – 10:00 am	<b>BREAK/Visit Educational Displays</b>
10:00 am – 10:45 am	<b>Compressive Neuropathy: Diagnosis and Treatment</b> W.P. Andrew Lee, MD
10:45 am – 11:10 am	<b>Extensor Tendons: Acute and Chronic Injuries</b> Kevin D. Plancher, MD
11:10 am – 11:45 am	<b>Flexor Tendon Injuries and Reconstruction</b> Martin I. Boyer, MD
11:55 am – 12:15 pm	<b>Expert Panel</b> <b>Moderator:</b> W.P. Andrew Lee, MD <b>Panelists:</b> Martin I. Boyer, MD Jeffrey E. Budoff, MD Steven L. Moran, MD
12:15 pm – 1:00 pm	<b>LUNCH/Visit Educational Displays</b>
1:00 pm – 6:00 pm	<b>SESSION II</b> Moderator: Thomas E. Trumble, MD
1:15 pm – 1:45 pm	<b>Peripheral Nerves: Physiology and Repair</b> Thomas E. Trumble, MD
1:45 pm – 2:30 pm	<b>Brachial Plexus: Anatomy, Injury Patterns and Management</b> Alexander Y. Shin, MD

2:30 pm – 3:15 pm

**Tendon Transfers**  
Thomas E. Trumble, MD

3:15 pm – 3:45 pm

**BREAK/Visit Educational Displays**

3:45 pm – 4:30 pm

**Cerebral Palsy: Management in the Upper Extremity**  
Ann E. Van Heest, MD

4:30 pm – 5:00 pm

**Compartment Syndrome and Volkmann's Contracture**  
Harris Gellman, MD

5:00 pm – 5:40 pm

**Tetraplegia**  
Ann E. Van Heest, MD

5:40 pm – 6:00 pm

**Expert Panel**  
**Moderator:** Thomas E. Trumble, MD  
**Panelists:** Alexander Y. Shin, MD  
Ann E. Van Heest, MD  
Harris Gellman, MD

6:00 pm – 6:45 pm

**Reception**

## ■ Program Saturday, July 15, 2006

6:30 am – 7:15 am	<b>Breakfast</b>
7:15 am – 12:30 pm	<b>SESSION III</b> <b>Moderator:</b> Michael R. Hausman, MD
7:15 am – 7:55 am	<b>Carpal Bone Fractures and Dislocations</b> Michael R. Hausman, MD
7:55 am – 8:20 am	<b>Kienböck's Disease</b> Alexander Y. Shin, MD
8:20 am – 9:00 am	<b>Carpal Instability: Classification and Treatment</b> Michael R. Hausman, MD
9:00 am – 9:30 am	<b>Rheumatoid Arthritis of Hand and Wrist: Part I</b> Matthew M. Tomaino, MD
9:30 am – 10:00 am	<b>BREAK/Visit Educational Displays</b>
10:00 am – 10:40 am	<b>Rheumatoid Arthritis of Hand and Wrist: Part II</b> Matthew M. Tomaino, MD
10:40 am – 11:10 am	<b>Radiographic and Histologic Changes and Differential Diagnosis of RA, CPPD, Gout and OA</b> Harris Gellman, MD
11:10 am – 11:55 am	<b>Hand Osteoarthritis and Salvage Wrist Procedures</b> Prosper Benhaim, MD

## ■ Program Saturday, July 15, 2006 continued

11:55 am – 12:15 pm

### Expert Panel

**Moderator:** Michael R. Hausman, MD  
**Panelists:** Alexander Y. Shin, MD  
Matthew M. Tomaino, MD  
Harris Gellman, MD  
Prosper Benhaim, MD

12:15 pm – 1:00 pm

LUNCH/Visit Educational Displays

1:00 pm – 6:00 pm

### SESSION IV

**Moderator:** Nicholas B. Vedder, MD

1:00 pm – 1:30 pm

**Burns, Frostbite and Chemical Injuries**  
Prosper Benhaim, MD

1:30 pm – 1:55 pm

**Vascular Insufficiency**  
Kodi K. Azari, MD

1:55 pm – 2:35 pm

**Arthroscopy of Hand and Wrist**  
Jeffrey E. Budoff, MD

2:35 pm – 3:15 pm

**Soft Tissue Reconstruction of the Upper Extremity**  
Nicholas B. Vedder, MD

3:15 pm – 3:45 pm

BREAK/Visit Educational Displays

3:45 pm – 4:20 pm

**Complex Regional Pain Syndrome**  
Jeffrey E. Budoff, MD

4:20 pm – 4:55 pm

**Thumb Reconstruction**  
Nicholas B. Vedder, MD

4:55 pm – 5:40 pm

**Tumors: Evaluation and Management**  
Kodi K. Azari, MD

5:40 pm – 6:00 pm

### Expert Panel

**Moderator:** Nicholas B. Vedder, MD  
**Panelists:** Prosper Benhaim, MD  
Brandon J. Wilhelmi, MD  
Kodi K. Azari, MD

7:55 am – 8:45 am

**Distal Radius Fractures**  
Douglas Hanel, MD

8:45 am – 9:30 am

**Distal Radio-Ulnar Joint: Anatomy, Disorder and Treatment**  
Michael S. Bednar, MD

9:30 am – 10:00 am

BREAK/Visit Educational Displays

10:00 am – 10:35 am

**Elbow Fracture and Dislocation**  
Robert Goitz, MD

10:35 am – 11:05 am

**Post-traumatic Reconstruction of Elbow**  
Douglas Hanel, MD

11:05 am – 11:40 am

**Fingertip and Nailbed Injuries: Local and Regional Flaps**  
Bradon J. Wilhelmi, MD

11:40 am – 12:00 pm

### Expert Panel

**Moderator:** Michael S. Bednar, MD  
**Panelists:** Douglas Hanel, MD  
Robert Goitz, MD  
Bradon J. Wilhelmi, MD

12:00 pm – 12:45 pm

LUNCH/Visit Educational Displays

12:45 pm – 5:30 pm

### SESSION VI

**Moderator:** Scott H. Kozin, MD

12:45 pm – 1:30 pm

**Examination, Diagnosis, and Treatment of Common Shoulder Problems**  
Robert Goitz, MD

1:30 pm – 2:15 pm

**Replantation**  
Bradon J. Wilhelmi, MD

2:15 pm – 3:00 pm

**Dislocations and Ligament Injuries of the Hand**  
James Chang, MD

3:00 pm – 3:30 pm

BREAK/Visit Educational Displays

3:30 pm – 4:15 pm

**Congenital Anomalies**  
Scott H. Kozin, MD

4:15 pm – 4:50 pm

**Dupuytren's Disease**  
James Chang, MD

4:50 pm – 5:25 pm

**Hand Infections**  
Scott H. Kozin, MD

5:25 pm – 5:45 pm

### Expert Panel

**Moderator:** Scott H. Kozin, MD  
**Panelists:** Robert Goitz, MD  
Bradon J. Wilhelmi, MD  
James Chang, MD

5:45 pm

CLOSING and ADJOURN

## ■ Program Sunday, July 16, 2006

6:30 am – 7:15 am

Breakfast

7:15 am – 12:00 pm

### SESSION V

**Moderator:** Michael S. Bednar, MD

7:15 am – 7:55 am

**Wrist Anatomy and Carpal Mechanics**  
Michael S. Bednar, MD

# Registration and Travel Information

## Tuition

ASSH Member	\$825
Nonmember Physician	\$925
Residents and Fellows	\$475
Allied Health Professional	\$595

Tuition after July 12 will be an additional \$50

All registration fees include full breakfast, refreshment breaks, and lunch each day, in addition to the reception July 14 and a detailed course syllabus. Course sessions and food functions are for the course registrants only—spouses and families are not permitted in these areas.

## Four Easy Ways to Register

Registration is limited and is available on a first-come, first-served basis. To ensure your enrollment, please e-mail, phone, fax or mail your registration information (check made payable in U.S. funds to ASSH, VISA, MasterCard or American Express).

### ■ By Internet at [www.assh.org](http://www.assh.org)

Register for this course on the ASSH website using a credit card (VISA, MasterCard, and American Express). Simply log on to [www.assh.org](http://www.assh.org), click on the Continuing Medical Education button and follow the instructions provided.

### ■ By Fax

Fax your completed registration form and credit card information to the ASSH Central Office at (847) 384-1435.

### ■ By Telephone

The ASSH Central Office staff will gladly accept your registration and payment information over the telephone. Simply call the ASSH Central Office at (847) 384 – 8300 and a staff member will assist you.

### ■ By Mail

Complete all parts of the registration form found on page 11 of this brochure and mail it with your payment (Check made payable to ASSH in U.S. funds, VISA, MasterCard or American Express information) to:

**American Society for Surgery of the Hand**  
**75 Remittance Drive, Suite 1566**  
**Chicago, IL 60675 – 1566**

## Registration Confirmation

All registrations are confirmed by e-mail or fax. If you have not received a confirmation prior to your departure for this course, please contact the ASSH Registrar at (847) 384-8300.

## Refund Policy

A full refund, less a \$95 cancellation fee, will be given if written notification is received at the ASSH Central Office on or before June 14. A full refund less a \$150 cancellation fee will be issued if written notification is received between June 14 and July 1. No refunds will be given after July 1, 2006.

## Hotel

Housing for the Comprehensive Review in Hand Surgery course will be at the **InterContinental Hotel, 505 North Michigan Avenue, Chicago, Illinois**. Check-in time for the hotel is 3:00 pm and check-out time is noon. The historic Intercontinental Hotel is ideally located on the "Magnificent Mile" in the heart of Chicago's shopping, entertainment and business district. The hotel has a pool and fitness center and is 20 miles from O'Hare International Airport, 12 miles from Midway Airport.

All course participants are responsible for making their own sleeping room reservations. Please specify that you will be attending the ASSH Comprehensive Review Course. Participants may reserve their sleeping room by calling the Intercontinental Hotel directly at (800) 628-2112 or (312) 944-4100 or by faxing the completed hotel reservation form found on page 10 of this brochure to the hotel at (312) 944-1320. Reservation requests must be accompanied by a one night's deposit and must be received by June 5, 2006. Upon check in you will be asked to verify your check out date. The InterContinental is one of a growing number of hotels that will levy an addition charge should your departure date be altered after check in, without prior notification. Rates are subject to the appropriate state and local taxes in effect at the time of your program date.

## Airline Information

United Airlines has been selected as the official carrier for the course. Reservations must be made and tickets must be purchased a minimum of seven days prior to departure to secure the discount. United will confirm reservations at the lowest rate available, provided normal qualifications are met. To take advantage of these special fares, individuals or their travel agents may contact United Airlines at (800) 521-4041 and reference Meeting ID Code 549KA.

## Disclaimer

The material presented in this continuing medical education program is being made available by the American Society for Surgery of the Hand (ASSH) for educational purposes only. This material is not intended to represent the only, or necessarily the best, methods or procedures appropriate for the medical situation discussed, but rather is intended to present an approach, view, statement or opinion of the authors or presenters that may be helpful or of interest to other practitioners. The attendees agree to participate in this medical education program sponsored by ASSH with full knowledge and awareness that they waive any claim they may have against ASSH for reliance on any information presented in this educational program. In addition, the attendees also waive any claim they have against ASSH for injury or other damages that may result in any way from their participation in this program. All of the proceedings of the Anatomy and Disorders of the Wrist courses, including the presentation of scientific papers, are intended for limited publication only, and all property rights in the material presented, including common – law copyright, are expressly reserved by the speaker or ASSH. No statement of presentation made is to be regarded as dedicated to the public domain. Any sound reproduction transcript or other use of the material presented at this course without the permission of the speaker or ASSH is prohibited to the full extent of common – law copyright in such material. ASSH are not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available at the meeting. Costs incurred by the registrant such as airline or hotel fees or penalties are the responsibility of the registrant. The approval of the U.S. Food and Drug Administration is required for procedures and drugs that are considered experimental. Instrumentation systems discussed and/or demonstrated in or at ASSH educational programs may not yet have received FDA approval.

## Questions?

Contact **Danielle Conkle, Meetings & Exhibits Coordinator** at (847) 384-8300 or via e-mail at [dconkle@assh.org](mailto:dconkle@assh.org).

# Hotel Registration Form

Hotel InterContinental, Chicago, Illinois

## Comprehensive Review in Hand Surgery

July 14 – 16, 2006

Return mail or fax hotel form with your deposit to the hotel by June 5. If necessary, photocopies of this form may be used to make additional reservations. Please recheck all items for correct information and keep a copy for future reference.

■ **Reserve a room by mail:**

**InterContinental Hotel**  
Attn: Reservations Department  
505 North Michigan Avenue  
Chicago, Illinois 60611

■ **Reserve a room by telephone:**

Toll-free (800) 628-2112 or  
direct (312) 944-4100

■ **Reserve a room by fax:**

(312) 944-1320

Please reserve the following accommodation.

**Single/Double \$145 per person per night in main building**

**Single/Double \$175 per person per night in historic building**

*Hotel room rates are subject to applicable state and local taxes in effect at time of check-in. The tax rate in effect as of the date of the agreement with the InterContinental Hotel is 14.9%. Five dollars of your room rate will be used to defray meeting costs.*

Guaranteed late arrival?  Yes  No

Names of persons sharing room with arrival/departure date for each individual

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Please indicate any special requests:

Wheelchair accessible  Non-smoking  Smoking

Indicate special accommodations, if any, that you may require during the meeting due to a physical challenge

**Hotel Room Reservation Information** (please print):

Name Organization

Mailing Address City

State Zip Province Country

Office Telephone Office Fax E-mail Home Telephone

Arrival Date Time Departure Date Time

Guarantee my reservation to:  Visa  MasterCard  American Express  Discover  Diner's Club

Card Number Expiration Date

Print Name (as it appears on card) Signature (for credit card charges)

Please complete a separate form for each registrant. Photocopies are acceptable.

**DO NOT MAIL THIS FORM TO THE ASSH CENTRAL OFFICE!**

**Send this form to:**

**InterContinental Hotel**  
**Attn: Reservations Department**  
**505 North Michigan Avenue**  
**Chicago, Illinois 60611**

# Course Registration Form

Chicago, Illinois

## Comprehensive Review in Hand Surgery

July 14 – 16, 2006

Please complete a separate form for each registrant. Photocopies are acceptable. If you fax your registration form, it is not necessary to mail the original.

■ **Register online at [www.assh.org](http://www.assh.org)** with credit card information

■ **Register by fax at (847) 384-1435** with credit card information

■ **Register by telephone at (847) 384-8300** with credit card information

■ **Register by mail: American Society for Surgery of the Hand**

Dept. 1005  
P.O. Box 6500  
Chicago, IL 60680

First name M.I. Last name Degree

Please print how your FIRST name should appear on your badge

Organization

Mailing address City

State Zip/Postal code Province Country

Phone Fax E-mail address

Check here to indicate if this is an address change for:  Office  Home

Please indicate special accommodation, if any, that you may require during the meeting due to a physical challenge

**Registration Fees**

ASSH Member \$825

Nonmember Physician \$925

Residents and Fellows \$475

Allied Health Professional \$595

Onsite registration will be an additional \$50

**Please check all that apply:**

Orthopaedic surgeon  Plastic surgeon  General surgeon  Resident—Orthopaedic  Resident—Plastic

Resident—General  Fellow  Hand therapist  Occupational therapist  Physical therapist

Nurse  Other: \_\_\_\_\_

**Please check the percentage of your practice devoted to hand surgery:**

0–24%  25–49%  50–74%  75–100%

I am an allied health professional

**American Foundation for Surgery of the Hand**

If you would like to make a donation to the Foundation, please mark your preference below. Contributions to AFSH are deductible to the extent permitted by law.

\$50  \$100  \$150  \$300  Other: \_\_\_\_\_

**Payment Method**

Check enclosed (U.S. funds made payable to the American Society for Surgery of the Hand)  VISA  MasterCard  American Express

Card number Expiration date

Print name (as it appears on card) Signature (for credit card charges)



The American Society for Surgery of the Hand  
6300 North River Road, Suite 600  
Rosemont, IL 60018-4256

# Comprehensive Review in Hand Surgery

July 14 – 16, 2006  
Hotel InterContinental  
Chicago, Illinois

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Permit No. XXX

